WC-365.1 (R-7-04)

State of New Jersey

Department of Labor and Workforce Development DIVISION OF WORKERS' COMPENSATION CN 381

Trenton, New Jersey 08625-0381

## EMPLOYEE'S CLAIM PETITION SUPPLEMENTAL PAGE

(DO NOT FILL IN)

CASE NO. \_\_\_\_\_\_

D.O. \_\_\_\_\_

	Trainers, total acrees, acceptance		·
Date	e of Accident or Dates of Occupational Exposure:	If Respondent Known By Different Na	me, Please Indicate Below:
		NAME (Indicate if Not Covered or self-	
I C A R R R R R R R R R R R R R R R R R R	NAME (Indicate if Not Covered or self-insured) NJ REG. OR FEIN	NAME (Indicate it Not Covered or self-	insurea;
		N C ADDRESS S A U R R R A I	
	CARRIER'S CLAIM FILE NUMBER	N E CARRIER'S CLAIM FILE NUMBER	****
	PERIOD OF COVERAGE FROM TO	PERIOD OF COVERAGE FROM	то
I N A R R I E R N C E	NAME (Indicate if Not Covered or self-insured) NJ REG. OR FEIN	NAME (Indicate if Not Covered or self-insured) NJ REG. OR FEIN	
	ADDRESS	N C ADDRESS S A U R R R	
		A I N E C R CARRIER'S CLAIM FILE NUMBER	
	PERIOD OF COVERAGE FROM TO	PERIOD OF COVERAGE FROM	то
I N A R I E R A R C E	NAME (Indicate if Not Covered or self-insured) NJ REG. OR FEIN	NAME (Indicate if Not Covered or self- NJ REG. OR FEIN	insured)
	ADDRESS	N C ADDRESS S A U R R R	
		A I N E C R E CARRIER'S CLAIM FILE NUMBER	
	PERIOD OF COVERAGE FROM TO	PERIOD OF COVERAGE FROM	то
I C A R R I E R A N C E			
	NAME (Indicate if Not Covered or self-insured) NJ REG. OR FEIN	NAME (Indicate if Not Covered or self NJ REG. OR FEIN	-insurea)
		N C ADDRESS S A U R R R A I	
		N E CARRIER'S CLAIM FILE NUMBER	
	PERIOD OF COVERAGE FROM TO	PERIOD OF COVERAGE FROM	то